

**REDEMPTION ORDER**

(Personal Service) (Mailed)

Michigan Department of Consumer & Industry Services  
Bureau of Workers' & Unemployment Compensation/Board of Magistrates  
PO Box 30016, Lansing MI 48909

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Magistrate (Please Print)

Plaintiff Name	Social Security Number	Address
Employer	Carrier	

**If more than one employer/carrier, also complete and attach Multiple Carrier Redemption Form BWC-113A**

This agreement to redeem the employer's entire workers' compensation liability for injuries sustained by the plaintiff on the following date(s): \_\_\_\_\_ has been considered by a member of the Board of Magistrates. **IT IS ORDERED** that this agreement to redeem the employer's entire liability for workers' disability compensation benefits by the payment of \$ \_\_\_\_\_ is        **APPROVED**        **DENIED**.

**IT IS FURTHER ORDERED** that the above sum be paid as follows:

\$ \_\_\_\_\_ directly to \_\_\_\_\_ (Fed ID # \_\_\_\_\_ )  
attorney(s) for the plaintiff, for attorney fees of \$ \_\_\_\_\_ and expenses in connection  
therewith of \$ \_\_\_\_\_.

\$ \_\_\_\_\_ directly to \_\_\_\_\_  
for medical expenses.

\$ \_\_\_\_\_ directly to \_\_\_\_\_  
for items other than medical expenses.

\$ \_\_\_\_\_ cost of annuity, if applicable.

\$ 100.00 statutory redemption fee on behalf of plaintiff directly to the State of Michigan. \* Payable directly  
by plaintiff if this order is denied.

\$ \_\_\_\_\_ directly to plaintiff, being the balance.

**IT IS FURTHER ORDERED** that defendant remit defendant's statutory redemption fee of \$100.00 directly to the State of Michigan. \***IT IS FURTHER ORDERED** that defendant shall also complete the payment of weekly compensation of  
\$ \_\_\_\_\_ per week through \_\_\_\_\_, 20 \_\_\_\_\_.**Social Security Administration Information**

The worker is currently age \_\_\_\_\_ and has a life expectancy of \_\_\_\_\_ years. The net payment of  
\_\_\_\_\_ is allocated at the rate of \$ \_\_\_\_\_ per month. \_\_\_\_\_ % of this settlement is allotted  
for future medical expenses.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, County of \_\_\_\_\_. Magistrate \_\_\_\_\_

If a request by any of the parties for review by the director, or notice of review by the director on his own motion, is not filed within 15 days from personal service, or if mailed, the mailing date of this order, it shall stand as the final decision of the Bureau of Workers' & Unemployment Compensation. **\*Payment of benefits pursuant to this order and redemption fees are due upon expiration of the appeal period.** Denial of this agreement does not discharge the liability for redemption fees. Send one copy of this order with your payment. Checks are to be made payable to the State of Michigan and mailed to BWDC Redemption Fees, PO Box 30646, Lansing, Michigan 48909.